

Medical Supplies, Equipment and Assistive Technology

Definition

Medical Supplies, Equipment and Assistive Technology are specialized medical supplies and equipment (to include devices, controls or appliances) specified in the participant's Support Plan which enable increased ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

Items reimbursed with HASCI Waiver funds shall be in addition to any medical equipment and supplies furnished under the Medicaid State Plan or not available under Medicaid State Plan and excludes those items which are not of direct medical or remedial benefit to the individual. All items must meet applicable standards of the manufacturer, design and installation.

The service may also include consultation and assessment to determine the specific needs, temporary rental of an item, follow-up inspection after items are received, training in use of equipment/assistive technology, repairs not covered by warranty, and batteries/replacement parts for equipment or AT devices not covered by warranty or any other funding sources.

Service Unit

Except for incontinence supplies designated below, the service unit for HASCI Waiver Medical Supplies, Equipment and Assistive Technology is the specific item or service being authorized (supply, product, piece of equipment, AT device, consultation, assessment, follow-up review, training, repair, replacement part, etc.).

Except for the standard incontinence supplies designated below, there is no set rate for Medical Supplies, Equipment and Assistive Technology, as the item or service must be individually priced.

If funded by the HASCI Waiver, the following service units apply to the standard incontinence supplies specified in the SCDHHS *Community Long Term Care Manual* (Section 2):

Diapers	96 diapers
Briefs (Protective Underwear)	80 briefs
Incontinence Pads	130 pads
Under Pads - medium	case (200 pads)
Under Pads - large	case (150 pads)
Wipes	box (70 wipes)

For rate information, refer to the SCDHHS *Community Long Term Care Manual* (Section 2) which can be accessed on the SCDHHS website: www.scdhhs.gov.

Service Limit / Restrictions

Except for the standard incontinence supplies designated below, there are no specific limits for HASCI Waiver Medical Supplies, Equipment and Assistive Technology. The item or service must be justified by the participant's documented need for it and lack of other funding sources. The most economical alternative to adequately meet the need must be identified. Luxury and/or experimental items cannot be funded through the HASCI Waiver.

If funded by the HASCI Waiver, the following service limits apply to the standard incontinence supplies specified in the SCDHHS *Community Long Term Care Manual* (Section 2):

Diapers	288 diapers per month
Briefs (Protective Underwear)	240 briefs per month
Incontinence Pads	390 pads per month
Under Pads - medium	3 cases per month
Under Pads - large	3 cases per month
Wipes	no limit, but number of boxes must be justified

HASCI Waiver cannot fund incontinence supplies for children under the age of 4 years.

For individuals receiving HASCI Waiver Residential Habilitation, medical supplies and inexpensive (less than \$1000) equipment and AT devices not funded by Medicaid State Plan or any other payers are considered a component of Residential Rehabilitation and covered by the rate paid to the residential provider. Such supplies and items do not require authorization by the Service Coordinator; they must be obtained and paid for by the residential provider. More expensive (\$1000 or more) equipment and AT devices not funded by Medicaid State Plan or any other payers may be separately funded through the HASCI Waiver.

The HASCI Waiver is not responsible to fund the **repair of and/or replacement parts (including batteries) for equipment or AT devices obtained through other funding sources or privately purchased** by or for the participant. Such a request will be considered only if there is documentation that the following conditions are met:

- a participant's safety is in jeopardy because the item needs repair/replacement part(s), and/or
- the item is medically necessary for the participant's health/personal care or is otherwise justified as essential, and
- there is no other alternative to address the participant's need for the item or to pay for its repair and/or replacement part(s), and
- it is more cost-effective to fund repair of the item and/or replacement part(s) than to replace the item through the HASCI Waiver (if this would be allowed).

Prior approval from the HASCI Division must be obtained for HASCI Waiver to fund repair of and/or replacement part(s) for equipment or AT devices obtained through other funding sources or privately purchased by or for the participant.

In accordance with the South Carolina Consolidated Procurement Code, SCDDSN directive 250-08-DD, *Procurement Requirements for Local DSN Boards*, applies to all procurement activities supported in whole or in part by SCDDSN funding, including Medical Supplies, Equipment and Assistive Technology funded by HASCI Waiver. Providers contracted with SCDDSN must establish and follow procurement policies and procedures with requirements at least as restrictive as those contained in this directive. Directive 250-08-DD can be accessed on the SCDDSN website: www.ddsn.sc.gov >About DDSN >Directives and Standards >Current DDSN Directives

Providers

Medical Supplies, Equipment and Assistive Technology may be provided by the following:

- Vendor enrolled with SCDHHS as a Durable Medical Equipment (DME) provider

A DME provider enrolled with SCDHHS must directly bill SCDHHS; it cannot contract with a participant's SCDDSN Financial Manager agency

Incontinence Supplies funded by HASCI Waiver may only be obtained from a DME provider enrolled with SCDHHS.

- Vendor with a retail or wholesale business license not enrolled with SCDHHS as a DME provider; the participant's SCDDSN Financial Manager agency must verify and document licensure

In addition to the above, the following individuals can provide consultation, assessment, follow-up inspection, and or training for medical equipment and assistive technology; the participant's SCDDSN Financial Manager agency must verify and document licensure or certification:

- Licensed Occupational Therapist
- Licensed Physical Therapist
- Rehabilitation Engineering Technologist (RET) certified by Rehabilitation Engineering Society of North American (RESNA)
- Assistive Technology Practitioner (ATP) certified by Rehabilitation Engineering Society of North American (RESNA)
- ATP Supplier certified by Rehabilitation Engineering Society of North American (RESNA)
- Environmental Access Consultant/contractor certified by Professional Resources in Management (PRIME)

Arranging and Authorizing the Service

After a need has been identified and documented in the participant's Support Plan, the Service Coordinator must first determine if the needed supplies, equipment, or AT device can be obtained through the participant's private insurance, Worker's Compensation, Medicare, or Medicaid State Plan. The Service Coordinator must document in a Service Note efforts to obtain the item(s) through other funding sources available to the participant. If not available from these sources, Medical Supplies, Equipment, and Assistive Technology funded by HASCI Waiver can be pursued.

Medicaid State Plan includes Durable Medical Equipment (DME) available to all Medicaid recipients and covers some types of supplies and equipment when ordered by a physician. DME must be obtained through a vendor enrolled with SCDHHS as a DME Provider, which must initiate the SCDHHS Medicaid Certificate of Medical Necessity (CMN) form and obtain justification from the participant's physician. The CMN is valid for up to 12 months.

Examples of items covered under DME are hospital beds, manual and power wheelchairs, walkers, shower chairs, braces, respiratory equipment, oxygen, catheters, urine collection bags, tube feeding supplies and liquid nutrition, wound care supplies, etc.

To determine if a supply or item is covered by Medicaid State Plan, the Service Coordinator must consult the *Medicaid Provider Manual for Durable Medical Equipment*, which can be accessed on the SCDHHS website: www.scdhhs.gov. Equipment and supplies are listed in Section 4, "Procedure Codes". If a procedure code is not listed, the item is not covered. (A DME provider can assist in identifying the appropriate procedure code to be researched).

There may be a limit on the amount/frequency of specific supplies and other DME items funded by Medicaid State Plan. In some circumstances, a DME provider can obtain special authorization from SCDHHS to exceed DME amount/frequency limits if justified by medical necessity. This must be pursued before HASCI Waiver Medical Supplies, Equipment and Assistive Technology can be authorized to augment DME supplies and items.

If a participant's private insurance/Workers Compensation/Medicare/ Medicaid State Plan covers only part of the cost of supplies, equipment, or assistive technology, HASCI Waiver cannot fund the remainder of the cost or a required co-payment.

Most HASCI Waiver participants can access a suitable manual or power wheelchair through private insurance/Workers Compensation/Medicare/ Medicaid State Plan. If a discrete wheelchair feature or accessory is needed by the participant but not funded by other sources, it can be pursued through the HASCI Waiver.

If a conventional manual or power wheelchair cannot be obtained from any other source(s), it can be pursued through the HASCI Waiver. Super "high tech" wheelchairs cannot be funded by the HASCI Waiver, as there are less-costly alternatives to meet mobility needs. When justified to assure health and safety, a back-up manual wheelchair may be funded through the HASCI Waiver if it cannot be obtained through any other funding source(s).

Prior approval must be obtained from the HASCI Division for HASCI Waiver to fund specialized incontinence supplies or incontinence supplies above Medicaid State Plan limits. A request with justification must be submitted to the HASCI Division by fax or e-mail. The justification must explain why the participant's needs cannot be met with the standard incontinence supplies specified in the SCDHHS *Community Long Term Care Manual* (Section 2) or within limits of the Medicaid State Plan. There must be clear documentation that the specialized or additional supplies are medically necessary. Notification of approval or denial of the request by the HASCI Division will be made by fax or e-mail. Receipt of this notification must be documented in a Service Note and a copy of the fax or e-mail must be maintained in the participant's file.

Prior approval from the HASCI Division must be obtained for HASCI Waiver to fund repair of and/or replacement part(s) for equipment or AT devices obtained through other funding sources or privately purchased by or for the participant. A request with justification must be submitted to the HASCI Division by fax or e-mail. The justification must address conditions listed on page 2, paragraph 4. Notification of approval or denial of the request by the HASCI Division will be made by fax or e-mail. Receipt of this notification must be documented in a Service Note and a copy of the fax or e-mail must be maintained in the participant's file.

When it is determined and documented that Medical Supplies, Equipment and Assistive Technology funded by HASCI Waiver is needed and appropriate, the participant or representative must be offered choice of a vendor or provider. Offering of provider choice and the vendor or provider selected must be clearly documented in a Service Note.

State procurement policy must be followed as appropriate:

- For any single item costing \$2500 or less, it is only necessary to get one (1) price quote from a qualified vendor or provider chosen by the participant or representative. Solicitation of the price quote may be written or verbal. The price quote submitted may be verbal, but it must be documented in a Service Note. If the price quote is written, it must be maintained in the participant's record.
- For any single item costing \$2500.01 to \$10,000, the participant or representative must select at least three (3) qualified vendors to give a price quote. Solicitation and submission of price quotes may be written and/or verbal. Verbal price quotes must be documented in a Service Note. Written price quotes must be maintained in the participant's record. The vendor with the lowest price quote (pre-tax amount) that meets all specifications for the item must be selected.
- For any single item costing \$10,000.01 or more, procurement must be advertised in the South Carolina Business Opportunities (SCBO) magazine and/or local newspapers. At least three (3) written bids must be solicited from different qualified vendors. All bids received from qualified vendors must be maintained in the participant's record. The vendor with the lowest bid (pre-tax amount) that meets all specifications for the item must be selected.

After the vendor or provider of Medical Supplies, Equipment and Assistive Technology is determined, the participant's Support Plan must be updated to clearly reflect the name of the service, the amount, frequency, and duration of the service, and the provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS) including a comment that cites all price quotes or bids that were obtained.

For an item costing \$2500.01 or more, copies of the price quotes or bids (or other documentation) must be forwarded to the Central Office HASCI Division.

To initiate the service following WTS processing, authorization must be forwarded to the vendor or provider using the appropriate form: *These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

- HASCI Form 12-1a
Authorization for Medical Supplies, Equipment, and Assistive Technology

This form must be used for all items except standard incontinence supplies specified in the SCDHHS *Community Long Term Care Manual* (Section 2).

Specialized incontinence supplies or incontinence supplies above Medicaid State Plan limits for which prior approval was received from the HASCI Division must be authorized as Medical Supplies X1922 on HASCI Form 12-1a

- HASCI Form 12-1b
Authorization for Medical Supplies, Equipment, and Assistive Technology - Incontinence Supplies

This form must be used for all standard incontinence supplies specified in the SCDHHS *Community Long Term Care Manual* (Section 2).

Billing

If the authorized vendor is enrolled with SCDHHS as a DME provider, it must directly bill SCDHHS. This must be checked on the *Authorization for Medical Supplies, Equipment and Assistive Technology* (HASCI Form 12-1a) or is indicated on the *Authorization for Medical Supplies, Equipment and Assistive Technology-Incontinence Supplies* (HASCI Form 12-1b); a prior authorization number must be assigned.

If the authorized vendor or provider is not enrolled with SCDHHS as a DME provider, the item(s) or service must be "Board billed" to the participant's SCDDSN Financial Manager agency. This must be checked on the *Authorization for Medical Supplies, Equipment and Assistive Technology* (HASCI Form 12-1a); no prior authorization number is required.

- The Financial Manager agency is responsible for maintaining documentation that service was rendered as billed.

- The Financial Manager agency must follow *Procedures to Report and Bill for Board-Based Services Provided to HASCI Waiver Recipients* to receive reimbursement from SCDDSN. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >Finance Manual Chapter 10, Section 10-14.*

Monitorship

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service
- Contact with the participant and/or representative at least every three (3) months
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services
- A one-time item that costs less than \$1500 must be monitored by contacting the participant/representative within two weeks following its receipt. The contact must be documented in a Service Note, including a statement regarding the usefulness and effectiveness of the item and the participant's/representative's satisfaction with the item and service provider.
- A one-time item that costs \$1500 or more must be monitored by an onsite visit to view the item within 2 weeks following its receipt. The visit and observation of the item must be documented in a Service Note, including a statement regarding the usefulness and effectiveness of the item and the participant's/representative's satisfaction with the item and service provider.

Monitoring of HASCI Waiver services may be accomplished by the Service Coordinator during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status. These contacts and face-to-face visits must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.